

APPLICATION INFORMATION

Application number:: New
Filing Date::
Application Type:: Regular
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CR disks::
Number of copies of CDs::
Sequence submission?:: No
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title::

Attorney Docket Number:: 16466-2US PM/DP/mft
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 2
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?::
Petition Type::
Secrecy Order in Parent Appl.?:: No

INVENTOR INFORMATION

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given name:: Nicolas
Middle name::
Family name:: Lebrun
Name Suffix::
City of Residence:: Saint-Isidore
State or Province of Residence:: Quebec
Country of Residence:: Canada
Street:: 14 de la Postière

City:: Saint-Isidore
State or Province:: Quebec

Country:: Canada
Postal or Zip Code:: G0S 2S0

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given name:: Steeve
Middle name::
Family name:: Donnelly
Name Suffix::
City of Residence:: Saint-Antoine-de-Tilly
State or Province of Residence:: Quebec
Country of Residence:: Canada
Street:: 4373 chemin des Plaines
City:: Saint-Antoine-de-Tilly
State or Province:: Quebec
Country:: Canada
Postal or Zip Code::

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given name:: Bernard
Middle name::
Family name:: Lebrun
Name Suffix::
City of Residence:: Saint-Joseph-de-Levy
State or Province of Residence:: Quebec
Country of Residence:: Canada
Street:: 336 chemin Sainte-Hélène
City:: Saint-Joseph-de-Levy
State or Province:: Quebec
Country:: Canada
Postal or Zip Code:: G6V 6N4

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 020988
Phone number:: (514) 845-7126
Fax:: (514) 288-8389
E-Mail Address:: swabey@ogilvyrenault.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 020988

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::
MM/DD/YY
MM/DD/YY
MM/DD/YY
MM/DD/YY

FOREIGN PRIORITY INFORMATION

Country:: Application Number:: Filing Date::

ASSIGNEE INFORMATION

Assignee name:: MAAX Inc.
Street:: 620 Cameron

City:: Sainte-Marie, Beauce
State or Province:: Quebec
Country:: Canada
Postal or Zip Code:: G6E 1B2